

IN-HOME SUPPORTIVE SERVICES (IHSS) INDIVIDUAL PROVIDER TIMESHEET

Record your daily hours and minutes like these samples.

Did not work	H	H	M	M
6 hours 30 minutes	H	6	3	0
4 hours 45 minutes	H	4	4	5
10 hours	1	0	M	M
Total	2	1	1	5

SAMPLE

Important Instructions

1. Use black ink only and press firmly. Numbers must be readable.
2. Your defined workweek is from Sunday, 12:00 AM to Saturday, 11:59 PM.
3. Do not send any other documents with the timesheet.
4. Only write in the hours, minutes, signature, and date boxes. Do not write in any box with a preprinted 0. Any extra writing on the timesheet can delay your paycheck.
5. You will not be paid for hours claimed more than the recipient's IHSS Program authorized hours or the weekly allowed hours. Claiming extra hours can delay your paycheck.
6. You must enter hours for each day worked (Total line is optional).
7. You and your Recipient must sign and date the back of your timesheet.
8. Do not fold your timesheet. Do not use white out or correction tape on timesheet.
9. **Claimed** = hours worked and claimed in previous pay period.

- - - - - Cut along dotted line - - - - -

Provider #:	Provider Name:	
Case #:	Recipient Name:	
Type:	Timesheet No:	
From:	To:	

<u>Workweek #1</u>	<u>Workweek #2</u>	<u>Workweek #3</u>	<u>Workweek #4</u>
▲ Claimed : 01:00	Claimed : 02:00	Claimed : 03:00	Claimed : 04:00 ▲

S 0 0 0 0 M 0 0 0 0 T 0 0 0 0 W 0 0 0 0 T 16 H H M M F 17 H H M M S 18 H H M M	S 19 H H M M M 20 H H M M T 21 H H M M W 22 H H M M T 23 H H M M F 24 H H M M S 25 H H M M	S 26 H H M M M 27 H H M M T 28 H H M M W 29 H H M M T 30 H H M M F 31 H H M M S 0 0 0 0	S 0 0 0 0 M 0 0 0 0 T 0 0 0 0 W 0 0 0 0 T 0 0 0 0 F 0 0 0 0 S 0 0 0 0
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Total _____ **Total** _____ **Total** _____ **Total** _____

Turn over and sign. →

SAMPLE